

OCT 23 2006

PATENT
Atty. Dkt. No. CAHD/0008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
 Michael Panosian

Serial No.: 10/706,491

Confirmation No.: 7214

Filed: November 12, 2003

For: SPRING CLAMP SYSTEM

§
 § Group Art Unit: 3723
 §
 § Examiner: Robert C. Watson
 §
 § Customer No. 26290
 §

MAIL STOP AMENDMENT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on October <u>23</u> , 2006.	
<u>William B. Patterson</u> Signature	
William B. Patterson Typed or Printed Name	(713) 623-4844 Telephone Number
34,102 Registration No., if applicable	

RESPONSE TO OFFICE ACTION DATED DECEMBER 8, 2005

In response to the Office Action dated December 8, 2005, having a shortened statutory period for response that expired on March 8, 2006, please enter this response and reconsider the claims pending in the application for reasons discussed below.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper. **Remarks** begin on page 10 of this paper.

Page 1

510827_1.DOC

**RECEIVED
CENTRAL FAX CENTER**

10/23/2006 10:57 FAX 7136234846

→ USPTO

005/018

OCT 23 2006

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2006**

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1500.00)

Complete if Known	
Application Number	10/706,491
Filing Date	November 12, 2003
First Named Inventor	Michael Panosian
Examiner Name	Robert C. Watson
Art Unit	3723
Attorney Docket No.	CAHD/0008

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify) : _____
- Deposit Account Deposit Account Number: 20-0782/CAHD/0008/WBP Deposit Account Name: Patterson & Sheridan, L.L.P.
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- | | |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)
Under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

-20 or HP= _____ x _____ = _____

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP= _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____ = _____		

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Revival of an Application Abandoned (Unintentional)

\$1,500.00

SUBMITTED BY

Signature	<i>William B. Watson</i>	Registration No (Attorney/Agent)	34,102	Telephone	713-623-4844
Name (Print/Type)	William B. Watson	Date	<i>23 Oct 2006</i>		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.